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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) MHM-00307/29						
<p style="margin: 0;">In re Application of Michael A. Masini</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Application Number 10/706,570-Conf. #6665</td> <td style="width: 50%; padding: 5px;">Filed November 12, 2003</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">For INVERTIBLE WOUND DRESSING AND METHOD OF MAKING THE SAME</td> </tr> <tr> <td style="padding: 5px;">Art Unit 3733</td> <td style="padding: 5px;">Examiner T. Patel</td> </tr> </table>			Application Number 10/706,570-Conf. #6665	Filed November 12, 2003	For INVERTIBLE WOUND DRESSING AND METHOD OF MAKING THE SAME		Art Unit 3733	Examiner T. Patel
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>07-1180</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <p><input type="checkbox"/> applicant /inventor. /John G. Posa/ Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) John G. Posa Typed or printed name</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,424</u> (734) 913-9300</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Telephone number June 11, 2007 Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>								